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|---|------------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Title of Invention | Methods for Preventing or Pathoangiogenic Conditions |
| | Named Inventor(s) | Carl G. Hellerqvist |
| | Attorney Docket | 22100-0100 (46126-2526) |
| | Express Mail Label No. | EL561454091US |

02-02-2001
U.S. Patent & TMO/TM Mail Rcpt Dt. #56

| APPLICATION ELEMENTS | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) | 7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |
| 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status | a. <input checked="" type="checkbox"/> Computer Readable Copy |
| 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 39 | b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) |
| 4. <input checked="" type="checkbox"/> Drawings Total Sheets 2 | c. <input checked="" type="checkbox"/> Statement verifying identity of above copies |
| 5. Oath or Declaration Total Pages 1 | 8. <input checked="" type="checkbox"/> Assignment: |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | a. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | b. <input type="checkbox"/> Assignment is of record in parent application No. _____ |
| (i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee |
| 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) | 10. <input type="checkbox"/> English Translation Document (if applicable) |
| | 11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449 <input type="checkbox"/> Copies of IDS Citations |
| | 12. <input type="checkbox"/> Preliminary Amendment |
| | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| | 14. <input type="checkbox"/> Certified Copy of Priority Document(s) |
| | 15. <input type="checkbox"/> Other: _____ |
| 16. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____ | |
| 17. CORRESPONDENCE ADDRESS: Suzanne Seavello Shope KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326 By: <u>Suzanne Seavello Shope</u> Reg. No. 37,933 Date: February 2, 2001 Telephone: 404-949-3999 Facsimile: 404-949-2499 | |

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FEE TRANSMITTALAttorney Docket No. **100-0100 (46126-252687)**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Carl G. Hellerqvist**Filing Date: **February 2, 2001**Title: **Methods for Preventing or Attenuating Pathoangiogenic Conditions**

The filing fee is calculated as shown below:

1. FILING FEE:

| SMALL ENTITY | | | LARGE ENTITY | |
|--|-------|----------|--------------|----------|
| FOR: | FEE | FEE PAID | FEE | FEE PAID |
| <input checked="" type="checkbox"/> UTILITY FILING FEE | \$355 | 355 | \$710 | |
| <input type="checkbox"/> DESIGN FILING FEE | \$160 | | \$320 | |
| <input type="checkbox"/> PLANT FILING FEE | \$245 | | \$490 | |
| <input type="checkbox"/> REISSUE FILING FEE | \$355 | | \$710 | |
| <input type="checkbox"/> PROVISIONAL FILING FEE | \$75 | | \$150 | |
| SUBTOTAL (1) | | \$355 | | \$xxx |

2. CLAIMS:

| SMALL ENTITY | | | | LARGE ENTITY | | |
|--|-----------|-----------|--------|--------------|--------|-------|
| FOR: | NO. FILED | NO. EXTRA | RATE | FEE | RATE | FEE |
| TOTAL CLAIMS | 71 - 20 = | 51 | x 9 = | 459 | x 18 = | |
| INDEP. CLAIMS | 7 - 3 = | 4 | x 40 = | 160 | x 80 = | |
| <input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED | | | +135 = | 135 | +270 = | |
| SUBTOTAL (2) | | | | \$754 | | \$xxx |

3. ADDITIONAL FEES:

| SMALL ENTITY | | | LARGE ENTITY | |
|--|-------|----------|--------------|----------|
| FOR: | FEE | FEE PAID | FEE | FEE PAID |
| <input type="checkbox"/> LATE FILING, FEE OR OATH | \$65 | | \$130 | |
| <input type="checkbox"/> NON-ENGLISH SPECIFICATION | \$130 | | \$130 | |
| <input type="checkbox"/> OTHER | | | | |
| SUBTOTAL (3) | | \$xxx | | \$xxx |

TOTAL FILING FEES: \$1109.00A check is enclosed for the total amount: **\$1109.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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Reg. No. 37,933Date: 2/2/01